MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043178
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 191

FILED DEC 3 - 1963

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cass Co Memorial Hospital — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Harrisonville — Inside Limits Yes X No ☐
d. STREET ADDRESS 401 E. Pearl St. — Reside on Farm Yes ☐ No X

	First	Middle	Last	Month	Day	Year
3. NAME OF DECEASED (Type or print)	FRANK	J.	DAVIS	4. DATE OF DEATH	Nov.	29 1963

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed X Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
Male	White		Jan 18 1872	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Cass Co Mo
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Solon D. Davis
13b. MOTHER'S MAIDEN NAME: Clarinda Daily
14. NAME OF HUSBAND OR WIFE: Alameda Scott Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Alameda Coy, Harrisonville Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	24 hours
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Bronchitis Secondary to Cerebral Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 1963 to November 1963 and last saw her/him alive on 11/29/63
Death occurred at 5:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert L. Cubick M.D.
22b. ADDRESS Harrisonville Mo
22c. DATE SIGNED 11/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 1 1963
23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery
23d. LOCATION (City, town, or county) (State) Harrisonville Mo

24. FUNERAL DIRECTOR Pennenbaugh
ADDRESS Harrisonville Mo
25. DATE RECD. BY LOCAL REG. 12-1-63
26. REGISTRAR'S SIGNATURE Ray J. Lebree

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0192		
2	0172		
3	2		
4	0		
5	2		
6			
7	0		
8	0		
9	332X		
10			
11			
12	1-0		
13	2-0		

BY AFFIDAVIT OF ☐ DOCUMENT ☐

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Frank C. Rennenburger 3rd

Licensed Embalmer No. 5023

P. O. Address Harrisonville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.